



State Form #46776
Indiana Form AB 910
(R 7-02)

Indiana Department of Revenue

Indiana Brewers Excise Tax Report

Reporting Month _____ Year _____

Name (As Appears on Permit)		Indiana Brewer's Permit Number
Address		Telephone Number
City/State	Zip Code	Federal Identification Number

Mail To: Indiana Department of Revenue
P.O. Box 6114
Indianapolis, IN 46206-6114

-
-
1. **Gallons** produced and sold in Indiana..... 1. _____ **Gal.**
 2. Multiply Line 1 by Tax Rate of .115..... 2. _____
 3. Discount (Line 2 X .015) if timely filed..... 3. _____
 4. If return is filed after due date, add 10% of line #2 (X.10) or \$5.00, whichever is greater.
(Penalty is \$5.00 if return is filed late with no tax due.)..... 4. _____
 5. If return is filed late, add interest..... 5. _____
 6. **Amount Due**..... 6. _____

Discount (Line 3) does not apply unless the report and payment are timely filed. The report is due on or before the 20th day of the month following the month being reported. A report must be filed even if there are no sales during the reporting period.

I hereby certify, under penalty of perjury, that the information contained herein, and on supporting documents is to the best of my knowledge true and correct.

(Name of Business or Taxpayer)

Signature of Agent or Officer

Date